PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			082368-002100US	
Application Number 10/520,333			Filed September 29, 2005	
For FELINE INFECTIOUS PERITONITIS VACCINE				
Art Unit 1648			Examiner Hurt, Sharon L	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
	Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.			
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number <u>50.463</u>				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
Carol Day				
	Signature	Date		
	Carol P. Johns, Reg. No. 50,463		(415) 273-7567	
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms are submitted				